

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 30, 2008
Secretary of State**

DOCUMENT# L03000024132

Entity Name: NEIGHBORHOOD RESTORATIONS, LLC

Current Principal Place of Business:

609 11TH AVE S
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 76158
ST. PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 20-0111964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER C. SANDERS, P.A.
2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSEN, LEONARD
Address: 609 11 AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGR () Delete
Name: BARRETT, THOMAS
Address: P.O. BOX 76158
City-St-Zip: SAINT PETERSBURG, FL 33734

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEONARD W JOHNSEN

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date